

Date: _____

Client File Monitoring Form

Agency:

Client Name and/or file Number	Application	Verify Inc Doc's	Property Owner Verification	Mobile Home SN	L/T Agree	Blower Door Test	CAZ. TEST COMPLICATIONS	Mat & Labor cost sheet write cost if available	Primary Heating System-Fuel source	WX As-Is & Post AKWARM	Does IOR match the scope of work	Final Inspection QCI or 3rd w/signatures	Photos	Lead Base Pre 1978 Year Built Home	Lead documents and certifications	SHPO checklist and compliance	READY documentation	Comments	
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Income Verification

Client Name/Wx#	#in Household	Income Limit	Income reported by agency	Priority level

Material verification

Client #	PO,s Verified	Material from vendor verified